

APPLICATION INFORMATION

Application number::
Filing Date::
Application Type:: Regular
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CR disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: **METHOD FOR SELECTIVELY AND SEQUENTIALLY
EXTRACTING CATECHINS FROM PLANT PRODUCT**

Attorney Docket Number:: 6013-145US DAT/al
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Laurent
Middle name::
Family name:: Bazinet
Name Suffix::
City of Residence:: L'Ancienne-Lorette
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 1624, rue Fabre

City:: L'Ancienne-Lorette
State or Province:: Québec

Country:: Canada
Postal or Zip Code:: G2E 2R8

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: David
Middle name::
Family name:: Labbé
Name Suffix::
City of Residence:: Sainte-Famille, Île d'Orléans
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 4702, chemin Royal
City:: Sainte-Famille, Île d'Orléans
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G0A 3P0

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Angelo
Middle name::
Family name:: Tremblay
Name Suffix::
City of Residence:: Charlesbourg
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 140, 66^e rue Ouest
City:: Charlesbourg
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1H 4X7

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
MM/DD/YY
MM/DD/YY
MM/DD/YY

FOREIGN PRIORITY INFORMATION

Country:: Application Number:: Filing Date::

ASSIGNEE INFORMATION

Assignee name:: UNIVERSITÉ LAVAL
Street:: Cité universitaire

City:: Québec
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1K 7P4